(090) Projec	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	85806.00
<203>	Total Mobility Fund Support Disbursed	82082.02
<210>	Actual Completion Date	06/15/2015
<211>	Project Status Description (attached)	278015_PSD_LA.pdf
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
-212 5	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

⊙ 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities inc best of my knowledge, the information reported on this form and in any at	ude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the tachments is accurate.
Name of Reporting Carrier: Central Louisiana Cellular, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278015	Filing Due Date for this form: 07/03/2017

(102) Certification - Agent / Carrier	
FCC Form	n 690
Approve	d by OMB
OMB Co.	ntrol No. 3060-1185
Page 8 or	8

<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my respor agent; and, to the best of my knowledge, the reports and data pro	is authorized to submit the information reported on behalf of the reporting carrier. I nsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized ovided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be puni- und	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

_		
1	Certification of Agent A	norized to File for Mobility Fund Recipients on Behalf of Reporting Carrier
reported	It for the reporting carrier, certify that I am I herein based on data provided by the repr	thorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data ng carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of	f Reporting Carrier:	
Name of	f Authorized Agent Firm:	
Signature	e of Authorized Agent or Employee of Agent:	Date:
Name of	f Authorized Agent Employee:	
Title or p	position of Authorized Agent or Employee of	ent
Telephon	ne number of Authorized Agent or Employee	Agent:
Study Are	rea Code of Reporting Carrier:	Filing Due Date for this form:
ľ	Persons willfully making false statements on this	m can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(060) Coverage and Performance Report	FCC Form 590
	Approved by OMB
	OMB Control No. 3060-1185

<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

(a)> (a)> (d)> (d)> (d)> (c)> (c)> (d> (d> (d> <141> Certify that **Total Road** Coverage and Resident **Total Resident** Road Miles Miles Performacne Resident Population Population per Census **Road Miles** covered per data is uploaded Newly Reached by Service Reached by Population per per Census **Block Newly** Census Block County Sabine State Census Block Census Block (yes/no) Service Reached Block 0000 LΑ 0 0 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

0			
			l
			l

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 278015

County/State: Sabine, LA

Total Award Amount: \$85,806.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

11/15/11/11/2011	Fund - 954.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	278016		
<015>		Central Louisiana Cellular, LLC		ocepted / Filed
<020> <030>	Program Year Contact Name: Person USAC should contact with questions about this data	2017 Chad Strausbaugh		JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fede	ral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 l		<u>N)</u> <040>	•
	<041> Attach a description of the documents file		<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(KEK) 64	rier Contact Form	
(0.00)	ser comacrom	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
, reasonance and a second	anna nama-kanasan kanasan kumbusi masi masi masu masi masi masi masi masi masi masi masi	Page 2 of 8
<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030> <035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif	State day III and
<039>	Contact Feeling Number - Number of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of person identification of the contact Email Address - Email Address of the contact Email Address - Email Address of the contact Email Address -	ified in data line (030)
	The second of person literal	cstrausbaugh@cellonenation.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	20165593
<111>	Filing Carrier Name	Central Louisiana Cellular, LLC
<112>	Winning Bidder Carrier Name	Central Louisiana Cellular, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	6106885209
<119>	Email Address	
		cstrausbaugh@cellonenation.com
Contact In	oformation .	
	if same as above, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	Ched County and
<121>	Filing Carrier Name	Chad Strausbaugh Central Louisiana Cellular, LLC
<122>	Street Address (or PO Box)	
<123>	City	1170 Devon Park Drive. Suite 104 Wayne
<124>	State	PA
<125>	Zip-Code	
<126>	Telephone Number	19087
<127>	Fax Number	6105356474 ext.
<128>	Email Address	6106885209
-110-	Email Address	cstrausbaugh@cellonenation.com
Authorized	d Agent Information	
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	
	-	

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	278016_CPRd_LA.zip
Coverage and Performace attachments	

<141> Total Road Road Certify that Miles per Miles Road Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet

ľ	0		0
Percentage of Total Population Reached by		Percentage of Total	
Service		Road Miles covered by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185 Page 4 of 8
	amana kumanaskanasinesinesinesinesininesinininininininini

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my responsi	bilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278016	Filing Due Date for this form:	07/03/2017

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting ing carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports ar Name of Authorized Agent:	nd data provided to the authorized agent is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	Date.
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punisl	Filing Due Date for this form: hed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment or Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	red to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

		POUR MARKET BURNES CONTRACTOR			
(vau) Tril	al Lands Reporting				FCC Form 690
					Approved by OMB
					OMB Control No. 3060-1185
					Page 5 of 8
<010>	Study Area Code		278016		
<015> <020>	Study Area Name		Central Louisia	na Cellular, LLC	
<030>	Program Year Contact Name - Person USAC should contact regarding	this data	2017		
<035>	Contact Telephone Number - Number of person identif	ied in data line	Chad Strausbaug	h	
<039>	Contact Email Address - Email Address of person identi	fied in data line	<pre><030> 6105356474 ext.</pre> <030> cstrausbaugh@ce	llonenation com	
-1475	Charles			com	
<142>	State				
<143>	County				
	•				
<144>	Tribal Land(s) on which ETC Serves				
<145>	Tribal Government Engagement Obligation	ł			ĺ
		Name of Attached	Document (.pdf)		
	If your company serves Tribal lands, please select (Yes, N	lo, Not Applicab	le) for		
	each of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T	he attached			
	government pursuant to § 54.1004 includes:	ilbai			
			Select	7	
41.4C			(Yes, No, Not Applicable	e)	
<146>	Needs assessment and deployment planning with a focu	us on Tribal		_	
.4.45	community anchor institutions;				
<147>	Feasibility and sustainability planning;			4	
<148>	Marketing services in a culturally sensitive manner;			_	
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules			7	
<152>	Compliance with Environmental Review processes			1	
<153>	Compliance with Cultural Preservation review processes			┥	
			1	1	

<154> Compliance with Tribal Business and Licensing requirements.

1090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	180936.00
<203>	Total Mobility Fund Support Disbursed	153469.92
	,	
<210>	Actual Completion Date	07/01/2015
		according to the
<211>	Project Status Description (attached)	278016_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	ļ
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
-2125	Status of Network Deployment - Network Design	/
<212>	Status of Network Deployment - Construction	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	
<215>		
<216>	Project Blog Status	
<217>	Project Plan Status	

● 3G ● 4G

<218> Network will Support 3G/4G Mobile Service?

	ranska mir mest er en ste komen met en mest en mest en met en
	FCC Form 690
(101) Certification - Reporting Carrier	
(TOT) CELLIFICATION - VEDOLUM CALLET	
	Approved by OMB
	ALLE A CONTRACT SACRAGE
	OMB Control No. 3060-1185
	Page 7 of 8
	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
lame of Reporting Carrier: Central Louisiana Cellular, LLC					
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017				
rinted name of Authorized Officer: Chad Strausbaugh					
itle or position of Authorized Officer:					
elephone number of Authorized Officer: 6105356474 ext.					
itudy Area Code of Reporting Carrier: 278016	Filing Due Date for this form: 07/03/2017				

Tree con
(102) Certification - Agent / Carrier
H102! Certification - Agent / Certier
Approved by OMB
OMB Control No. 3060-1185
Onto Carlett act action and
00-00
Page 8 of 8

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<020s	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authoriz agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
	Date:				
Signature of Authorized Officer:					
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
ignature of Authorized Agent or Employee of Agent:				
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Age	ent			
Telephone number of Authorized Agent or Employee of				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	m can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Attachments

FCC Form 690 Approved by OM8 OMB Control No. 3060-1185

مر ۱۸۱۸۰	Study Area Code	278016
<010> <015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonehation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

<a1></a1>	<a2></a2>	<e3></e3>	<b1></b1>	<b2></b2>	4 63>	cc1>	4625	463 2	ed>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Sabine	0000	0	0	0	0.0	0.0	0.0	Yes
LA.									
					ļ				
	 								
				ļ — — —					
<u> </u>									
		-			 				
								<u> </u>	
	 								
				<u> </u>					
ł									
-	 								
	ļ <u> </u>	<u> </u>		+			 		
_	 								
						 		 	
	<u> </u>						<u> </u>		-
]					
-	1			1					
					 		 		

Percentage of
Total Population
Reached by
Service

0		
l		

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 278016

County/State: Sabine, LA

Total Award Amount: \$180,936.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

11 11 11 11 11 11	Fund \$54,1009 Annual Reporting lection Form		FCC Form Approved by OME OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours	
<010>	Study Area Code	278017		
<015>	Study Area Name	Central Louisiana Cellular, LLC	Accepted / Filed	
<020>	Program Year	2017	JUN 2 9 2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Office of the Secretary	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
11411082H1111		0.003.000.000.000.000.000.000.000.000.0		1/3
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y	<u>(/N)</u> <040>	
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	٦
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

		and the second s		
(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185
				Page 2 of 8
-010-	Sandy Asso Code		278017	
<010> <015>	Study Area Code Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year	,	2017	
<030>	Contact Name - Person USAC should contact regarding th	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165593		
<111>		Central Louisiana C	Cellular, LLC	
<112>		Central Louisiana C		
<113>		1170 Devon Park Dri		
	•	Wayne		
<114>	-			
<115>	-	PA		
<116>	- ·	19087		
<117>	<u> </u>	6105356474 ext.		
<118>		6106885209		
<119>	Email Address	cstrausbaugh@cellon	nenation.com	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Central Louisiana Co	ellular, LLC	
<122>	Street Address (or PO Box)	170 Devon Park Driv	ve. Suite 104	
<123>	City	Nayne		
<124>	State	PA .		
<125>	Zip-Code 1	19087		
<126>	Telephone Number	5105356474 ext.		
<127>	Face Alicenhan	5106885209		
<128>	English Address	estrausbaugh@cellone	enation com	
		.sciausbaughecerion		
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code		-	
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
<130>	Elliali Address			

(060) Coverage and Performance R	eport	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
	The state of the s	

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	278017_CPRd_LA.zip
d Performace attachments	

Coverage and

<141>

<01>	<a2></a2>	*93 *	<b2> Resident Population</b2>	 total Resident Population	Road Miles per	Road Miles per Census Block	Total Road Miles covered per	Certify that Coverage and Performance data is uploaded
State	County	Census Block	Newly Reached by Service	Reached by Service	Census Block	Newly Reached	Census Block	(Yes/no)
			\$ ee attach	ed works	neet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Page 4 0f 8

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Looping that Loop an officer or applement	£ 4.h		
form and in any attachments is accurate.	r the reporting carrier; my respons	sibilities include ensuring compliance with 47 Cl	FR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Cent	tral Louisiana Cellular, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278017	Filing Due Date for this form: 07/03/2	017

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to auth I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the report
carrier. I also certify that I am an officer or employee of the	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to
authorized agent; and, to the best of my knowledge, the rep	s and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can b	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment oder Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized at a provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agen	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

OROL TAL	al Lands Reporting				HSTHAMANTERS WITH HIS CHOSHOCH SCHOOL SCHOOL SCHOOL
					FCC Form 690
					Approved by GMB OMB Control No., 3060-1185
					Page 5 of 8
<010>	Study Area Code				and the second s
<015>	Study Area Name		278017 Central Louisian	a Cellular LLC	
<020>	Program Year		2017	a certurar, Elec	
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh		
<035> <039>	Contact Telephone Number - Number of person identification Contact Email Address - Email Address of person identification identification in the Contact Email Address of person identification identification in the Contact Email Address of person identification in t	ed in data line <	030> 6105356474 ext.		
10332	Contact Email Address - Email Address or person identifi	ed in data line <	030> cstrausbaugh@cel	Lonenation.com	
<142>	State				
					
<143>	County				
11732	-				
<144>	Tribal Land(s) on which ETC Serves				
	-				
				·	
<145>	Tribal Government Engagement Obligation				
1210	mod dovernment Engagement Obligation	Name of Attached	Document / =dfl		
		name of Attached	bocument (.paj)		
	If your company serves Tribal lands, please select (Yes, No	o, Not Applicable	e) for		
	each of these boxes to confirm the status described on the	e attached			
	PDF, on line 145, demonstrates coordination with the Tri government pursuant to § 54.1004 includes:	bal			
	government pursuant to 3 54,1004 includes.				
			Colort	7	
			Select (Yes, No, Not Applicable)		
<146>	Needs assessment and deployment planning with a focus	s on Tribal	(103, No, Not Applicable)	-	
	community anchor institutions;				
<147>	Feasibility and sustainability planning;	į			
<148>	Marketing services in a culturally sensitive manner;	}			
<149>	Compliance with Rights of way processes]	
<150>	Compliance with Land Use permitting requirements				
	Compliance with Facilities Siting rules	ļ			
<152>	Compliance with Environmental Review processes	ŀ			
	Compliance with Cultural Preservation review processes	}			

<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	# Update Information	
		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
esiseniinaiinaiinaiina	asamban kasan as sa sa an an sa sa an sa kasan kan kan kasan sa asan sa kan sa mangasi kan kan sa sa kan kan k Kan	Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	278017
<020>	Program Year	Central Louisiana Cellular, LLC
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
		en de la companya de
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	193640.54
<203>	Total Mobility Fund Support Disbursed	185159.08
-210 5	Article Little D.	
<210>	Actual Completion Date	07/23/2015
<211>	Project Status Description (attached)	278017 PSD LA.pdf
	, and a second for the second	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
-242	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	7
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Central Louisiana Cellular, LLC Name of Reporting Carrier: CERTIFIED ONLINE Date 06/28/2017 Signature of Authorized Officer: Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/03/2017 Study Area Code of Reporting Carrier: 278017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	esponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
ed to submit the reports for Mobility Fund recipients on ler; and, to the best of my knowledge, the information i	behalf of the reporting carrier; I have provided the data reported herein is accurate.					
	Date:					
Filing Due Date for this form:						
i	d to submit the reports for Mobility Fund recipients on er; and, to the best of my knowledge, the information					

Attachments

	TO THE PROPERTY OF THE PROPERT		
(060) Coverage and Performance Report			HELMANISSHIPSHIPSHIPSHIPSHIPS
()		FCC Form 6	
		TCC (OITH)	
		Approved b	100000000000000000000000000000000000000
			0//497/1104/11/49/01/90/1/07/1/07/
		Underconte	ol No. 3060-1185
			40 77 5 40 5 40 77 5 5 5 5 6 7 5 7 6 5

<010>	Study Area Code	278017
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

2412	2595	<a3></a3>	 	< 62>	<b3></b3>				
assertions and the	istoria (liillistiin ministrikki) (liillis				* 633	«t>	<625	463 ×	<u> </u>
State	County Sabine	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Sabine	0000	0	0	0	0.0	0.0	0.0	Yes
								İ	
		1			·				
	ļ								
									

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 278017

County/State: Sabine, LA

Total Award Amount: \$193,640.54

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund §54.1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 In Estimate per Respondent: 18 Hours
<010>	Study Area Code	278018		ccepted / Filed
<015>	Study Area Name	Central Louisiana Cellular, LLC		
<020>	Program Year	2017		JUN 29 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federa	al Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
700102/67/8/				
	STATE OF THE HIGH MEAN THE STATE OF THE STAT			
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/	<u>(N)</u> <040>	•
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(N) <040> O	•
<040>		ed with the Form 481 reporting		•
<040>	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

	er Contact Form			FCC Form 690
				Approved by OM8
				OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278018	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding thi		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	d iii data iiiie <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		20165593		
<111>		Central Louisiana Co	ellular, LLC	
<112>	_	Central Louisiana Co	ellular, LLC	
<113>		1170 Devon Park Dri		
<114>		Wayne		
<115>	-	PA	AND THE RESERVE OF THE PERSON	
<116>	-	19087		
<117>	Talankana Musakan	6105356474 ext.		
<118>	Fay Number			
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	enation.com	
Contact In	if same as above, indicate in this box			
420	15 (5) 244 1 2 2 5 (6)			
<120>	-	Chad Strausbaugh		
<121>	· •	Central Louisiana Ce	ellular, LLC	
<122>	_	170 Devon Park Dris	ze Suite 104	·
<123>	City <u>w</u>	Vayne		
<124>	State	PA		
<125>	Zip-Code <u>1</u>	19087		
<126>	Telephone Number	5105356474 ext.		
<127>	Fax Number	5106885209		
<128>	Email Address	strausbaugh@cellone	enation.com	
	-			
Authorina	d Agent Information			
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

FCC Form 690 Ap proved by OMB DMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	278018_CPRd_LA.zip
Coverage and Performace attachments	

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <c3> <b1

Total Road Road Certify that Road Miles per Miles Coverage and Total Resident Miles Resident Census covered Performance data Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Complia	ICE FCC Form 690 Approved by OMB	
	OMB Control No. 3060-1185 Page 4 of 8	5

_<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my responsik	pilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
itle or position of Authorized Officer:	Staff Counsel		
elephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278018	Filing Due Date for this form:	07/03/2017

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carri is authorized to submit the information reported on behalf of the recarrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) report authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:	Date:				
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be pur und	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on If whowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	Dute.
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	pe punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Triba	Lands Reporting			FCC Form 690		
			and the second	Approved by OMB		
				OMB Control No. 3060-1185 Page 5 of 8		
<010>	Study Area Code		278018			
<015>	Study Area Name		Central Louisiana Cellular, LLC			
<020>	Program Year		2017			
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh			
<035>	Contact Telephone Number - Number of person identified in data line <030>		> 6105356474 ext.			
<039>	Contact Email Address - Email Address of person identifi	ed in data line <030)> cstrausbaugh@cellonenation.com			
<142>	State					
<143>	County					
	Tribul Land(a) an orbish ETC Convoc					
<144>	Tribal Land(s) on which ETC Serves					
<145>	Tribal Government Engagement Obligation					
		Name of Attached Document (.pdf)				
	If your company serves Tribal lands, please select (Yes.	No. Not Applicable)	for			
	If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal					
	government pursuant to § 54.1004 includes:					
		_				
		Γ	Select			
		Į,	(Yes, No, Not Applicable)			
<146> Needs assessment and deployment planning with a foc community anchor institutions;						
		<u>L</u>				
<147>	Feasibility and sustainability planning;		1			
<148>	Marketing services in a culturally sensitive manner;	Ì				
		-				
<149>	Compliance with Rights of way processes					

<150> Compliance with Land Use permitting requirements Compliance with Facilities Siting rules

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<151>

<152>

<153>

<154>

(090) Project	Update Information	FCC Form 690
		Approved by OM8
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	359388.00
<203>	Total Mobility Fund Support Disbursed	347456.32
	A CARLO DO DOS	
<210>	Actual Completion Date	06/23/2015
<211>	Project Status Description (attached)	278018_PSD_LA.pdf
	, , , , , , , , , , , , , , , , , , , ,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	/
<214>	Status of Network Deployment - Deployment	1
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	1
	•	1

3G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Central Louisiana Cellular, LLC					
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017				
Printed name of Authorized Officer: Chad Strausbaugh					
itle or position of Authorized Officer:					
elephone number of Authorized Officer: 6105356474 ext.					
itudy Area Code of Reporting Carrier: 278018	Filing Due Date for this form: 07/03/2017				

Page 8 of 8

<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Author	ize an Agent to File for Mobility Fund Recipients	on Behalf of Reporting Carrier
I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports a	my responsibilities include ensuring the accuracy of	o submit the information reported on behalf of the reporting carrier. I the data reporting requirements provided to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communicatio under Title 18 of the United States Code, 18 U.S.C. § 10	ns Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 01.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Au	rized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
	orized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
ignature of Authorized Agent or Employee of Agent: Date:			
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of A	t		
Telephone number of Authorized Agent or Employee	gent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this for	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Tit 18 of the United States Code, 18 U.S.C. § 1001.		

Attachments

TORON PLAN	rerage and	9 9 11 34 14 16 16	11881189189114	2//2///
A CALL SALLS		A 4- 2 1 2 2 3 3		12.838
0.46 1/2 1/6 1/6 1/6 1/6 1/6				1110000

FCC Form 690 Approved by OM8 OMB Control No. 3060-1185

<010>	Study Area Code	278018
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

<a1></a1>	<#2>	<a3></a3>	<b1×< th=""><th><62></th><th><b3></b3></th><th><c1></c1></th><th><c2></c2></th><th><c3></c3></th><th>≼d»</th></b1×<>	<62>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	≼d»
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
LA	Vernon	0000	0	0	0	0.0	0.0	0.0	Yes
									<u> </u>
					*				

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

0		
٠		

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 278018

County/State: Vernon, LA

Total Award Amount: \$359,388.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

15 416 11100 116	§54,1009 Annual Reporting		Ave, Burd	FCC Form Approved by OMB OMB 3060-1185 Ien Estimate per Respondent: 18 Hours
nenoumasteni	Study Area Code	278019		Accepted / Filed
	Study Area Name	Central Louisiana Cellular, LLC		JUN 29 2017
<020>	Program Year	2017		-
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
	Sakutas alian mininga mengangan kalulungan sakutan mengan pengan mengan mengan mengan mengan mengan mengan men	gan makka katan dan makka mengan br>Terapa	Wellen Benedik Miller Menter B	adesan annon kanokasis kanokasi oleh mengan berkesa kanon mengan mengan mengan mengan mengan mengan mengan men
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

44444444		THE WAY THE PROPERTY OF THE PR		
(USU) Can	der Contact Form			FCC Form 690
				Approved by OMB
				OMB Control No. 3050-1185
	<u>and and and a state of the sta</u>			Page 2 of 8
<010>	Study Area Code		278019	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year	-	2017	
<030>	Contact Name - Person USAC should contact regarding to	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifi	ied in data line <030>	cstrausbauch@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>				
	FCC Registration Number	20165593		
<111>	Filing Carrier Name	Central Louisiana Cel	llular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana Cel	llular, LLC	
<113>	Street Address (or PO Box)	1170 Devon Park Drive	e, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code .	19087		
<117>	Telephone Number			
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
		cstrausbaugh@celloner	nation.com	
Contact In	<u>formation</u>			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Central Louisiana Cel	lular, LLC	
<122>	Street Address (or PO Box)	1170 Devon Park Drive	Suite 104	
<123>	City	Wayne		
<124>	Ctata			
<125>	7in-Code	PA		
<126>		19087		
	-	6105356474 ext.		
<127>	_	6106885209		
<128>	Email Address	cstrausbaugh@cellonena	ation.com	
	-			
Authorizoa	l Agent Information			
HULIIOI IZEL	# Agent Information if no agent, indicate in this box			
<130>				
	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)		<u> </u>	
<133>	City			
<134>	State			
<135>	Zip-Code		-	
<136>	Telephone Number			
<137>	Fax Number	- · · · ·		····
<138>	Email Address			-
-20-				

		Ap proved by ON OMB Control No. Page 3 of 8	
<010>	Study Area Code	278019	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Vear	2012	

	stady Area code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	278019_CPRd_LA.zip
ace attachments	

Coverage and Performace attachments

<141>

State	<>2≥ County	<e3>></e3>	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
						<u> </u>	<u> </u>		
-				oo ottoob	5-1				
				ee attach	<u>ea worksi</u>	neet			

	0		0
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

	24834442411197115848814411111111111111111111111111111
1020L Habon Data Compacibility Cartification Compliance	* 3.2000 (11.000 ps/missing/mi
UCTOL Filman Data Famous and the Company of the Com	
(070) Urban Rate Comparability Certification Compliance	30 cm (
Approved t	3. 72. 73. 3. 3. 2017 TO SECURE SECURIOR SECURIO
	48111011101110111128881110111101110111011
OND 7.	ol No. 3060-1185
AUND AND	
0	500/193/195/11/07/53/1/5/5/5/1/5/1/5/1/5/1/5/5/
Page 4 of 8	

<010>	Study Area Code	278019		
<015>	Study Area Name	Central Louisiana Cellular, LLC		
<020>	Program Year	2017		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Em	ployee as to Compliance with 47 (CFR §54.1009(a)(4)	·			
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.							
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LL	С					
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/28/2017			
Printed name of Authorized Officer:	Chad Strausbaugh						
Fitle or position of Authorized Officer:	Staff Counsel						
Telephone number of Authorized Officer:	6105356474 ext.						
Study Area Code of Reporting Carrier:	278019	Filing Due Date for this form:	07/03/2017				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent	to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting r; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine	e or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment f the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
lame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agen	t:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde Title 18 of the United States Code, 18 U.S.C. § 1001.

M18874768///////		//////////////////////////////////////	NASANI PERSANJAN SASSANJANGSANJANGSANJANGSAN	
(080) Triba	l Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185 Page 5 of 8
				3 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
<010>	Study Area Code		278019	
<015> <020>	Study Area Name Program Year		Central Louisiana Cel 2017	lular, LLC
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		030> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line	<030> cstrausbaugh@cellonen.	ation.com
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
				7
.4.45.	T.1.10			
<145>	Tribal Government Engagement Obligation	Name of Attached	I Document (ndf)	
		name of Attachet	Document (.puj)	
	If your company serves Tribal lands, please select (Yes,		le) for	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the 1			
	government pursuant to § 54.1004 includes:	11001		
			Select	
<146>	Needs assessment and deployment planning with a foc	us on Tribal	(Yes, No, Not Applicable)	
	community anchor institutions;	111001		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
			1	

<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185 Page 6 of 8

<010>	Study Area Code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	141966.00
<203>	Total Mobility Fund Support Disbursed	138473.64
<210>	Actual Completion Date	
<210>	Actual Completion Date	07/02/2015
<211>	Project Status Description (attached)	278019_PSD_LA.pdf
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	1
<213>	Status of Network Deployment - Construction	─
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	7
<216>	Project Budget Status	1
<217>	Project Plan Status	✓

⊙ 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service ?

<010>	Study Area Code	278019
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Central Louisiana Cellular, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017	
Printed name of Authorized Officer: Chad Strausbaugh		
Title or position of Authorized Officer: Staff Counsel		
Telephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 278019 Filing Due Date for th	nis form: 07/03/2017	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.